

# Which strategies to osteopaths in the prevention of sedentary lifestyle?

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Ronan VITALI, Osteopath  
Paul QUESNAY, Osteopath, PhDs (dir.)

**LEPS**

Laboratoire Educatif  
et Pratiques de Santé  
EA 3412

UNIVERSITÉ PARIS 13

@  
LabSET

**LIÈGE**  
université

NON-PROFIT FOUNDATION  
**COME**  
CENTRE FOR OSTEOPATHIC MEDICINE COLLABORATION

# Outline

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- I] Introduction
- II] Problematic and Objectives
- III] Methods
- IV] Results
- V] Discussion
- VI] Conclusion
- VII] References



# I] Introduction : Sedentary lifestyle in Europe

- European average of daily sedentary lifestyle : 7h26
- 72% of Europeans underestimate the health risks caused by a sedentary lifestyle (Attitude et Prevention, 2018)



# Definitions

insufficient level of moderate to high intensity physical activity :  
< 30 min moderate physical activity /day  
(Sedentary Behaviour Research Network 2012)

**PHYSICAL INACTIVITY**



**SEDENTARY LIFESTYLE**

an awakening situation characterized by low energy expenditure (< than 1.6 MET) in a sitting or lying position (Tremblay, 2012)

**You can be physically active and have sedentary lifestyle in the same time!**

# Sedentary lifestyle : a health risk factor

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## **Cardiovascular diseases**

Overweight, obesity

Diabetes

Cancers : breast, endometrium, colon

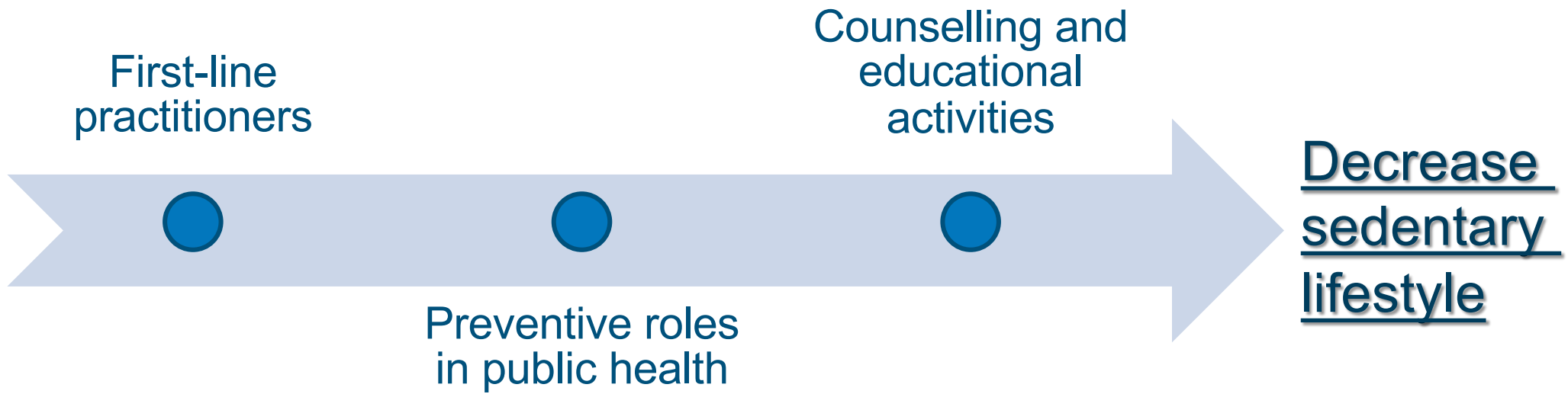
Osteoporotic fractures

Osteoarthritis

Alzheimer's disease, Parkinson's disease (ANSES, 2016)

# How can osteopaths act?

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## II] Problematic and objectives

What strategies have been identified in the literature to combat sedentary lifestyle ?



at home



leisure time



transports



at work

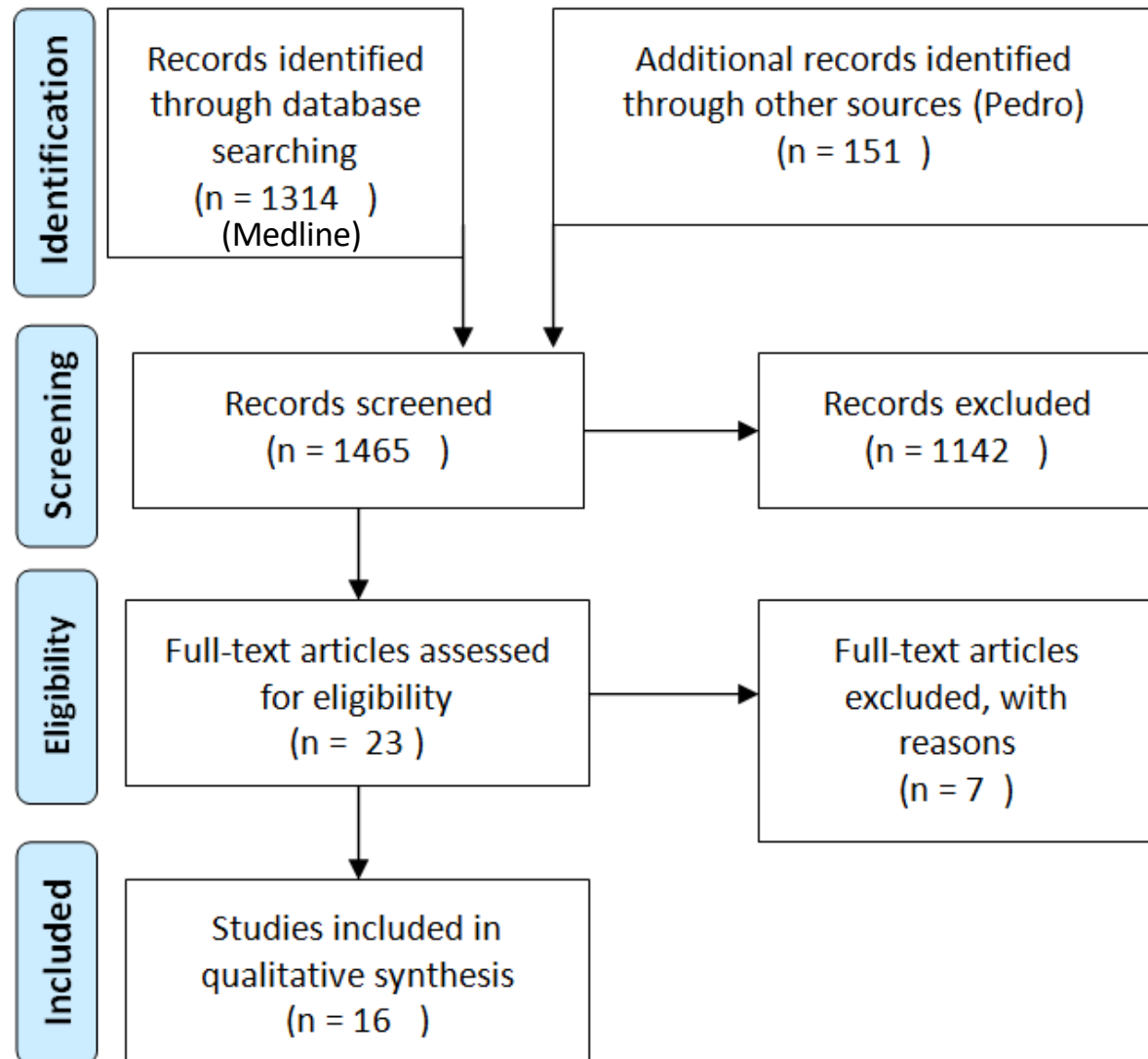
- Evaluation tools
- Recommendations
- Take home messages

# III] Material and Methods

## Scoping review

(HAS, 2000)

### CHART FLOW





# Inclusion criteria

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Publication less than ten years old

English publication on Medline and Pedro

Publication in full access

Publication concerning human beings

Publication referring to physical inactivity, or inactivity and physical activity

Study protocol, randomized controlled trials, pilot studies

# IV] Results

14 randomized control trials  
 1 pilot study  
 1 study protocol

Author (date)	Country	Journal	Type of study
Healy (2016)	Australia	Medicine & Science in Sports & Exercise	randomized control trial
Cui (2012)	China	BMJ open	pilot study
King (2016)	United States	Public Library of Science	randomized control trial
Graves (2015)	United Kingdom	BMC public health	randomized control trial
Taylor (2016)	United States	Preventing Chronic Disease	randomized control trial
Hadgraft (mai 2017)	Australia	The International Journal of Behavioral Nutrition and Physical Activity	randomized control trial
Hadgraft (march 2017)	Australia	The International Journal of Behavioral Nutrition and Physical Activity	randomized control trial
Aadahl (2014)	Danmark	American Journal of Preventive Medicine	randomized control trial
Parry (2013)	Australia	Public Library of Science	randomized control trial
Puig (2015)	Spain	Public Library of Science	randomized control trial
Barwais (2013)	Australia	Health and Quality of Life Outcomes	randomized control trial
Dunstan (2013)	Australia	BMC public health	study protocol
Müller (2016)	Malaysia	Journal of medical internet research	randomized control trial
Baker (2008)	United Kingdom	The International Journal of Behavioral Nutrition and Physical Activity	randomized control trial
Kerr (2016)	United States	Public Library of Science	randomized control trial
Dutta (2014)	United States	International Journal of Environmental Research and Public Health	randomized control trial

# Mesures of interventions

**Primary measure: sedentary lifestyle**

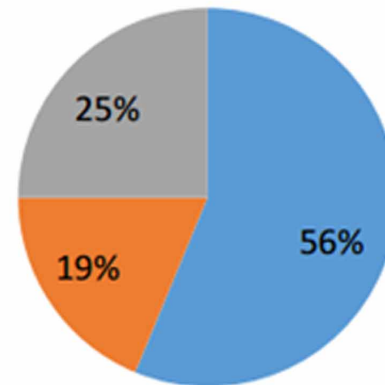
**Questionnaires** : IPAQ, OSPAQ

**Digital tools** : inclinometer/  
accelerometer, smartphone  
application

**Secondary measures** : physical  
activity, waist circumference, blood  
pressure, weight, quality of life

**Distribution of measured criteria**

■ sedentary lifestyle      ■ physical activity  
■ physical activity and  
sedentary lifestyle and  
quality of life

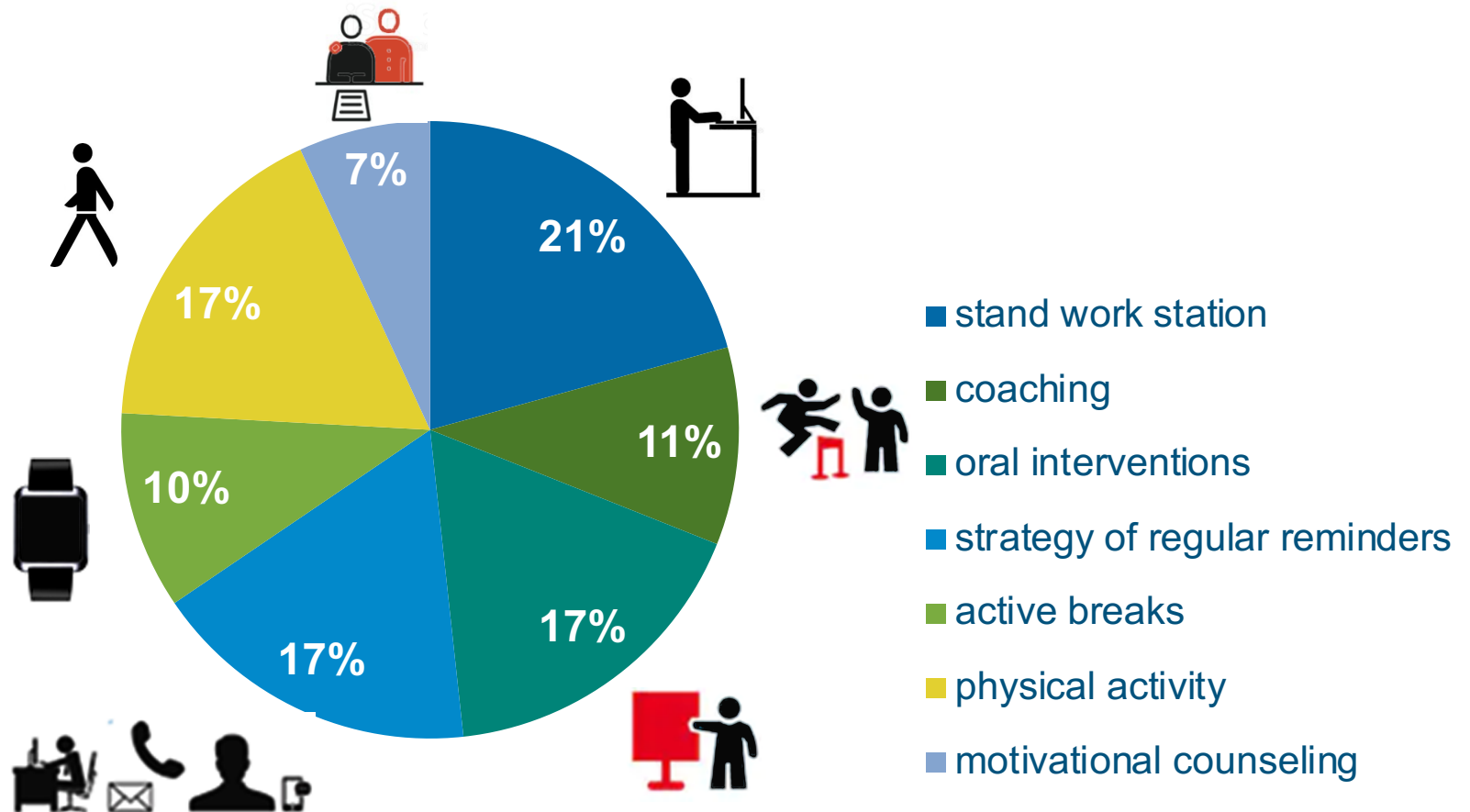


# Levers of interventions

- directly reducing the time allocated to a sedentary lifestyle
- splitting long periods of sedentary lifestyle (“active breaks”)
- increasing physical activity to reduce sedentary lifestyle



# Types of intervention



# Significant results of interventions :

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**Significant reduction in sedentary lifestyle** : short and long term, on week days and weekend days

Reduction of : insulin resistance, waist circumference, triglycerides

Increase of : physical activity, well-being

## VJ Discussion Methodological biases : limits of findings

Measurement bias

Interpretation bias

Selection bias

Heterogeneity of interventions

Low long-term effectiveness

Patient informational material vs health literacy

Different types of sedentary lifestyles : representativeness bias ?

# Tools compatible with OM

## Questionnaires :

OSPAQ (Chau et al, 2012)

SIT-Q (Lynch et AL, 2014)

## Activity traker



### Supplementary Digital Content 1

#### Appendix. Occupational Sitting and Physical Activity Questionnaire (OSPAQ)

1. How many hours did you work in the last 7 days? \_\_\_\_\_ hours
2. During the last 7 days, how many days were you at work? \_\_\_\_\_ days

Example:

Jane is an administrative officer. Her work day involves working on the computer at her desk answering the phone, filing documents, photocopying, and some walking around the office. Jane would describe a typical work day in the last 7 days like this:

Sitting (including driving)	90 %
Standing	5 %
Walking	5 %
Heavy labour or physically demanding tasks	0 %
Total	100 %

3. How would you describe your typical work day in the last 7 days? (This involves only your work day, and does not include travel to and from work, or what you did in your leisure time)

a. Sitting (including driving)	_____ %
b. Standing	_____ %
c. Walking	_____ %
d. Heavy labour or physically demanding tasks	_____ %
Total	_____ %

Make sure  
this adds up  
to 100%

Scoring:

Minutes sitting at work per week = Item 1 \* Item 3a

Minutes sitting per workday = (Item 1/Item 2) \* Item 3a

Similar calculations can be done for standing, walking, and heavy labour.



# Implementing patient-centered approaches

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Adapt the information to the patient medical history and environment

Use material adapted to patient's health literacy (WHO, 2013)

Set objectives, negotiated with the patient, use tools to check the progress (Baker & al, 2008)

Check the patient's understanding (Margat & al, 2017)

Educative approaches (Quesnay & Gagnayre, 2015)



# Take home messages

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Active transportation : cycling, walking (ONAPS, 2016)

Break up periods of sedentary behavior every 30 minutes (Puig & al, 2015)

Move at work : active breaks, incentives to move around the company (Taylor & al, 2016)

Get up as soon as you feel uncomfortable or tired (shoulders, neck...),

Meetings/ standing calls, collective challenges (Parry & al, 2013)

Sitting all day? Take the time to walk at least every 2 hours (Sante publique france, 2019)

## VI] Conclusion

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Sedentary lifestyle and physical inactivity are two different but cumulative risk factors for chronic diseases

No consensus => establish a global strategy : identify the patient's environment, measure sedentary lifestyle, propose personalized solutions, follow the evolutions

Therapeutic education of the patient and self-care approach

# VII] References

<https://www.attitude-prevention.fr/donnees-chiffrees/etude-2018-sedentarite-activite-physique-sante-europe>

SBRN. 2012. « Sedentary Behaviour Research Network. Letter to the editor: standardized use of the terms “sedentary” and “sedentary behaviours” ». *Appl Physiol Nutr Metab* 37 (3): 540-42  
Tremblay, M., et Réseau de Recherche sur le Comportement Sédentaire. 2012. « Utilisation standardisée des termes « sédentarité » et « comportements sédentaires » ». *Science & Motricité* 77: 73-76.

<https://www.anses.fr/fr/system/files/NUT2012SA0103Ra-2.pdf>

<https://www.has-sante.fr/upload/docs/application/pdf/analiterat.pdf>

Chau JY, Ploeg HPVD, Dunn S, Kurko J, Bauman AE. Validity of the Occupational Sitting and Physical Activity Questionnaire. *Med Sci Sports Exerc.* 1 janv 2012;44(1):118-25.

Lynch BM, Friedenreich CM, Khandwala F, Liu A, Nicholas J, Csizmadia I. Development and testing of a past year measure of sedentary behavior: the SIT-Q. *BMC Public Health.* 1 sept 2014;14:899.

<https://www.who.int/whr/2013/report/fr/>

Baker .The effect of a pedometer-based community walking intervention « Walking for Wellbeing in the West » on physical activity levels and health outcomes : a 12-week randomized controlled trial.

Margat A, Gagnayre R, Lombrail P, Andrade V de, Azogui-Levy S. Interventions en littératie en santé et éducation thérapeutique : une revue de la littérature. *Santé Publique.* 2017;Vol. 29(6):811-20.

Quesnay P, Gagnayre R. Enquête sur la pratique du conseil auprès des ostéopathes français : vers une pratique d'éducation thérapeutique? *Educ Thérapeutique Patient - Ther Patient Educ.* 1 juin 2015;7(1):10105

<http://www.onaps.fr/boite-outils-et-ressources/ressources-bibliographiques/sedentarite-inactivite-transports/>

Puig-Ribera A. Patterns of impact resulting from a « sit less, move more » web-based program in sedentary office employees.

Parry S. Participatory workplace interventions can reduce sedentary time for office workers—a randomised controlled

Bennie JA, Timperio AF, Crawford DA, Dunstan DW, Salmon JL. Associations between social ecological factors and self-reported short physical activity breaks during work hours among desk-based employees. *Prev Med.* 2011; 53:44–7.

Sante publique france, 2019

## VII] References (review)

- Aadah . Motivational counseling to reduce sitting time: a community-based randomized controlled trial in adults.
- Baker .The effect of a pedometer-based community walking intervention « Walking for Wellbeing in the West » on physical activity levels and health outcomes : a 12-week randomized controlled trial.
- Barwais FA,. Physical activity, sedentary behavior and total wellness changes among sedentary adults: a 4-week randomized controlled trial.
- Cui Z, : Effect of a school-based peer education intervention on physical activity and sedentary behaviour in Chinese adolescents: a pilot study.
- Dunstan . Reducing office workers' sitting time: rationale and study design for the Stand Up Victoria cluster randomized trial.
- Dutta N. Using sit-stand workstations to decrease sedentary time in office workers: a randomized crossover trial.
- E F Graves . Evaluation of sit-stand workstations in an office setting: a randomised controlled trial.
- Hadgraft NT. Reducing occupational sitting: Workers' perspectives on participation in a multi-component intervention.
- Hadgraft. Intervening to reduce workplace sitting: mediating role of social-cognitive constructs during a cluster randomised controlled trial.
- Healy. Reducing sitting time in office workers: short-term efficacy of a multicomponent intervention.
- Kerr.Two-Arm Randomized Pilot Intervention Trial to Decrease Sitting Time and Increase Sit-To-Stand Transitions in Working and Non-Working Older Adults.
- King AC. Effects of Three Motivationally Targeted Mobile Device Applications on Initial Physical Activity and Sedentary Behavior Change in Midlife and Older Adults : A Randomized Trial.
- Müller AM, Khoo S, Morris T. Text Messaging for Exercise Promotion in Older Adults From an Upper-Middle-Income Country: Randomized Controlled Trial.
- Parry S. Participatory workplace interventions can reduce sedentary time for office workers--a randomised controlled
- Puig-Ribera A. Patterns of impact resulting from a « sit less, move more » web-based program in sedentary office employees.
- Taylor WC. Impact of Booster Breaks and Computer Prompts on Physical Activity and Sedentary Behavior Among Desk-Based Workers: A Cluster-Randomized Controlled Trial.

Thank you for your  
attention

